

Problem Oriented Screening Instrument for Teenagers

(POSIT)

Developed for the Adolescent Assessment/Referral System

The purpose of these questions is to help us choose the best ways to help you. So, please try to answer the questions honestly. Please answer all of the questions. If a question does not fit you exactly, pick the answer that is mostly true. You may see the same or similar questions more than once. Please just answer each question as it comes up.

Please put an "X" through your answer.

If you do not understand a word, please ask for help.

You may begin.

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| 1. Do you have so much energy you don't know what to do with it? | Yes | No |
| 2. Do you brag? | Yes | No |
| 3. Do you get into trouble because you use drugs or alcohol at school? | Yes | No |
| 4. Do your friends get bored at parties when there is no alcohol served? | Yes | No |
| 5. Is it hard for you to ask for help from others? | Yes | No |
| 6. Has there been adult supervision at the parties you have gone to recently? | Yes | No |
| 7. Do your parents or guardians argue a lot? | Yes | No |
| 8. Do you usually think about how your actions will affect others? | Yes | No |
| 9. Have you recently either lost or gained more than 10 pounds? | Yes | No |
| 10. Have you ever had sex with someone who shot up drugs? | Yes | No |
| 11. Do you often feel tired? | Yes | No |
| 12. Have you had trouble with stomach pain or nausea? | Yes | No |
| 13. Do you get easily frightened? | Yes | No |
| 14. Have any of your best friends dated regularly during the past year? | Yes | No |
| 15. Have you dated regularly in the past year? | Yes | No |
| 16. Do you have a skill, craft, trade or work experience? | Yes | No |
| 17. Are most of your friends older than you are? | Yes | No |
| 18. Do you have less energy than you think you should? | Yes | No |
| 19. Do you get frustrated easily? | Yes | No |

20. Do you threaten to hurt people?	Yes	No
21. Do you feel alone most of the time?	Yes	No
22. Do you sleep either too much or too little?	Yes	No
23. Do you swear or use dirty language?	Yes	No
24. Are you a good listener?	Yes	No
25. Do your parents or guardians approve of your friends?	Yes	No
26. Have you lied to anyone in the past week?	Yes	No
27. Do your parents or guardians refuse to talk with you when they are mad at you?	Yes	No
28. Do you rush into things without thinking about what could happen?	Yes	No
29. Did you have a paying job last summer?	Yes	No
30. Is your free time spent just hanging out with friends?	Yes	No
31. Have you accidentally hurt yourself or someone else while high on alcohol or drugs?	Yes	No
32. Have you had any accidents or injuries that still bother you?	Yes	No
33. Are you a good speller?	Yes	No
34. Do you have friends who damage or destroy things on purpose?	Yes	No
35. Have the whites of your eyes ever turned yellow?	Yes	No
36. Do your parents or guardians usually know where you are and what you are doing?	Yes	No
37. Do you miss out on activities because you spend too much money on drugs or alcohol?	Yes	No
38. Do people pick on you because of the way you look?	Yes	No
39. Do you know how to get a job if you want one?	Yes	No
40. Do your parents or guardians and you do lots of things together?	Yes	No
41. Do you get A's and B's in some classes and fail others?	Yes	No
42. Do you feel nervous most of the time?	Yes	No
43. Have you stolen things?	Yes	No
44. Have you ever been told you are hyperactive?	Yes	No
45. Do you ever feel you are addicted to alcohol or drugs?	Yes	No
46. Are you a good reader?	Yes	No

47. Do you have a hobby you are really interested in?	Yes	No
48. Do you plan to get a diploma (or already have one)?	Yes	No
49. Have you been frequently absent or late for work?	Yes	No
50. Do you feel people are against you?	Yes	No
51. Do you participate in team sports which have regular practices?	Yes	No
52. Have you ever read a book cover to cover for your own enjoyment?	Yes	No
53. Do you have chores that you must regularly do at home?	Yes	No
54. Do your friends bring drugs to parties?	Yes	No
55. Do you get into fights a lot?	Yes	No
56. Do you have a hot temper?	Yes	No
57. Do your parents or guardians pay attention when you talk with them?	Yes	No
58. Have you started using more and more drugs or alcohol to get the effect you want?	Yes	No
59. Do your parents or guardians have rules about what you can and cannot do?	Yes	No
60. Do people tell you that you are careless?	Yes	No
61. Are you stubborn?	Yes	No
62. Do any of your best friends go out on school nights without permission from their parents or guardians?	Yes	No
63. Have you ever had or do you now have a job?	Yes	No
64. Do you have trouble getting your mind off things?	Yes	No
65. Have you ever threatened anyone with a weapon?	Yes	No
66. Do you have a way to get to a job?	Yes	No
67. Do you ever leave a party because there is no alcohol or drugs?	Yes	No
68. Do your parents or guardians know what you really think or feel?	Yes	No
69. Do you often act on the spur of the moment?	Yes	No
70. Do you usually exercise for a half hour or more at least once a week?	Yes	No
71. Do you have a constant desire for alcohol or drugs?	Yes	No
72. Is it easy to learn new things?	Yes	No
73. Do you have trouble with your breathing or with coughing?	Yes	No

74. Do people your own age like and respect you?	Yes	No
75. Does your mind wander a lot?	Yes	No
76. Do you hear things no one else around you hears?	Yes	No
77. Do you have trouble concentrating?	Yes	No
78. Do you have a valid driver's license?	Yes	No
79. Have you ever had a paying job that lasted at least one month?	Yes	No
80. Do you and your parents or guardians have frequent arguments which involve yelling and screaming?	Yes	No
81. Have you had a car accident while high on alcohol or drugs?	Yes	No
82. Do you forget things you did while drinking or using drugs?	Yes	No
83. During the past month have you driven a car while you were drunk or high?	Yes	No
84. Are you louder than other kids?	Yes	No
85. Are most of your friends younger than you are?	Yes	No
86. Have you ever intentionally damaged someone else's property?	Yes	No
87. Have you ever stopped working at a job because you just didn't care?	Yes	No
88. Do your parents or guardians like talking with you and being with you?	Yes	No
89. Have you ever spent the night away from home when your parents didn't know where you were?	Yes	No
90. Have any of your best friends participated in team sports which require regular practices?	Yes	No
91. Are you suspicious of other people?	Yes	No
92. Are you already too busy with school and other adult supervised activities to be interested in a job?	Yes	No
93. Have you cut school at least 5 days in the past year?	Yes	No
94. Are you usually pleased with how well you do in activities with your friends?	Yes	No
95. Does alcohol or drug use cause your moods to change quickly like from happy to sad or vice versa?	Yes	No
96. Do you feel sad most of the time?	Yes	No
97. Do you miss school or arrive late for school because of your alcohol or drug use?	Yes	No
98. Is it important to you now to get or keep a satisfactory job?	Yes	No

99. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	Yes	No
100. Do you have serious arguments with friends or family members because of your drinking or drug use?	Yes	No
101. Do you tease others a lot?	Yes	No
102. Do you have trouble sleeping?	Yes	No
103. Do you have trouble with written work?	Yes	No
104. Does your alcohol or drug use ever make you do something you would not normally do - like breaking rules, missing curfew, breaking the law or having sex with someone?	Yes	No
105. Do you feel you lose control and get into fights?	Yes	No
106. Have you ever been fired from a job?	Yes	No
107. During the past month, have you skipped school?	Yes	No
108. Do you have trouble getting along with any of your friends because of your alcohol or drug use?	Yes	No
109. Do you have a hard time following directions?	Yes	No
110. Are you good at talking your way out of trouble?	Yes	No
111. Do you have friends who have hit or threatened to hit someone without any real reason?	Yes	No
112. Do you ever feel you can't control your alcohol or drug use?	Yes	No
113. Do you have a good memory?	Yes	No
114. Do your parents or guardians have a pretty good idea of your interests?	Yes	No
115. Do your parents or guardians usually agree about how to handle you?	Yes	No
116. Do you have a hard time planning and organizing?	Yes	No
117. Do you have trouble with math?	Yes	No
118. Do your friends cut school a lot?	Yes	No
119. Do you worry a lot?	Yes	No
120. Do you find it difficult to complete class projects or work tasks?	Yes	No
121. Does school sometimes make you feel stupid?	Yes	No
122. Are you able to make friends easily in a new group?	Yes	No
123. Do you often feel like you want to cry?	Yes	No
124. Are you afraid to be around people?	Yes	No

125. Do you have friends who have stolen things?	Yes	No
126. Do you want to be a member of any organized group, team, or club?	Yes	No
127. Does one of your parents or guardians have a steady job?	Yes	No
128. Do you think it's a bad idea to trust other people?	Yes	No
129. Do you enjoy doing things with people your own age?	Yes	No
130. Do you feel you study longer than your classmates and still get poorer grades?	Yes	No
131. Have you ever failed a grade in school?	Yes	No
132. Do you go out for fun on school nights without your parents' or guardians, permission?	Yes	No
133. Is school hard for you?	Yes	No
134. Do you have an idea about the type of job or career that you want to have?	Yes	No
135. On a typical day, do you watch more than two hours of TV?	Yes	No
136. Are you restless and can't sit still?	Yes	No
137. Do you have trouble finding the right words to express what you are thinking?	Yes	No
138. Do you scream a lot?	Yes	No
139. Have you ever had sexual intercourse without using a condom?	Yes	No